

2009 ELECTION CYCLE
SOS-MEDelbert Hosemann
SECRETARY OF STATECandidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTSCandidate's Name Blaine H. "Bo" Eaton, IIFull Address 503 Gambrell StreetTelephone 601-359-3550 (Fax) 601-785-6539

E-mail _____

Office Sought MS House Dist 79 Political Party Democratic☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and
Political Committees____ Termination Report (Candidate will no longer accept contributions or make campaign
expenditures and has no outstanding campaign debt obligation) Required to terminate reporting
obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	1950.00	\$ 1950.00	\$ 1950.00
Total amount of disbursements	500.00+2063.76	\$ 2563.76	\$ 2563.76
Total amount of cash on hand		\$366.50	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Blaine H. Eaton, IIDate 1-29-2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 2 of 2Name of Candidate or Committee Blaine H. "Bo" Eaton IIReporting period Jan 1, 2009 through Dec 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MS PAC</u>	<u>9 / 21 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol Street, Suite 702</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> / / </u>	\$
Name of Employer (Required) <u>AT&T</u>	<u> / / </u>	\$
Occupation (Required) <u>communications</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Action Committee for Rural Electrification</u>	<u>10 / 26 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 3300</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158-3300</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Electric Power Associations of MS</u>	<u> / / </u>	\$
Occupation (Required) <u>electric power</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Healthcare</u>	<u>12 / 14 / 09</u>	\$ <u>300.00</u>
Mailing Address <u>P. O. Box 24087</u>	<u> / / </u>	\$ <u>250.00</u>
City, State, Zip Code <u>Jackson, MS 39225-4087</u>	<u> / / </u>	\$
Name of Employer (Required) <u>MS Association for Healthcare</u>	<u> / / </u>	\$
Occupation (Required) <u>healthcare</u>	Aggregate year-to-date	\$ <u>550.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Company State PAC</u>	<u>12 / 15 / 09</u>	\$ <u>400.00</u>
Mailing Address <u>P. O. Box 4079</u>	<u> / / </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502-4079</u>	<u> / / </u>	\$
Name of Employer (Required) <u>MS Power</u>	<u> / / </u>	\$
Occupation (Required) <u>electric power</u>	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Blaine "Bo" Eaton, IIReporting period Jan 1 2009 through Dec 31 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Smith County Livestock Association		
Mailing Address	1 / 17 / 09	\$ 200.00
City, State, Zip Code	12 / 30 / 09	\$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
donation		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Eaton and Martin, P.A.

ATTORNEYS AT LAW

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TAYLORSVILLE, MS 39168

GERALD M. MARTIN*

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E. HOWARD EATON

(1937-2005)



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FACSIMILE: (601)785-6539

EMAIL: eammar@adclink.net

FACSIMILE MESSAGEFAX NO. (601)359-1499 DATE: 1-29-10 TIME: _____

PLEASE HAND DELIVER THE FOLLOWING MESSAGE TO:

NAME: Secretary of State, Elections DivisionFROM: Blaine "Bo" EatonTOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 4

WE ARE SENDING FROM: (601)785-6539

PLEASE CALL US IMMEDIATELY IF THE MESSAGE YOU RECEIVED IS
INCOMPLETE AND ILLEGIBLE. OUR PHONE NUMBER IS: (601)785-4511.

OTHER REMARKS: _____

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MATTER NO. _____

NAME OF CASE: _____